

TAROLLI, SUNDHEIM, COVELL, & TUMMINO L.L.P.

1111 Leader Building
526 Superior Ave.
Cleveland, Ohio 44114

(216) 621-2234



		Attorney Docket No	TRW(AP)6644
Commissioner 6 P.O. Box 1450 Alexandria, VA			
	NEW APPLICATION	TRANSMITTAL	
Transmitted her	ewith for filling is the patent application of Inventor(s):	Kevin J. Boxey	
For (title):	SUPPORT BRACKET FOR AN INFLATAE	BLE CURTAIN	
Enclosed are:			
1. Papers	Required for Filing Date Under 37 CFR 1.53(b):		
21	Pages of specification		•
_1	Pages Abstract		
6	Pages of claims		
_ 5	Sheets of drawing		
. 11	⊠ formal (Figs)		
	☐ informal		
In addition to the	above papers there is also attached: Information	n Disclosure Statement, PTO 1449	form with reference (1)
•	CERTIFICATION UND	ER 37 CFR 1.10	
United States Po	umber <u>EU853428760</u> add	nts referred to as enclosed therein in an envelope as "Express Ma dressed to Commissioner for	il Post Office to Addressee"

Deborah Denn
(Type or print name of person mailing paper)

2.	Declara	ition or oath:				
	⊠	Enclosed (Executed)				
		Not Enclosed.				
3.	Langu	age:	•			
	⊠	English				•
		Non-English				
	_	A verified English trans	lation of the			
	□ •	_				
		specification ar	nd claims			
		declaration				
		is attached.				
4.	Assign	ment:				
•	\boxtimes	An assignment of the in	envention toTRV	V Vehicle Safety Sys	tems Inc.	
				·		
		is attached.				
		☐ will follow				
			•	•		
				•		
5.	Certific	ed Copy:			,	
			Certified copy (ies) of application (s)		
				, , , , , , , , , , , , , , , , , , , ,		
(Count	n/\		(Appln. No.)		(Filed)	
(Count	· y)		(дрин. 140.)		(Tiled)	
(Count	ry)		(Appin. No.)		(Filed)	
(Count	ry)		(Appln. No.)	•	(Filed)	_
from w	hich pric	rity is claimed				
		is attached				
		will follow				
		•				

6. Fee Calculati n:
(Small entity filing fee is 50% normal fee)

			CLAIM	S AS FILED		
Numbe	r Filed	1		ber Extra	Rate	Basic Fee
						\$ 770.00
Total	-					·····
Claims Indeper		18	-20 =	<u> </u>	\$ 18.00	0-
Claims	ident	3	- 3 =	Х	\$ 86.00	-0-
Multiple	depe	endent claim(s), if any	/	+	\$290.00	
		Amendment cancel	ing extra claims enclos	ed		
		Amendment deletin	g multiple dependencie	es enclosed		
i		Fee for extra claims	s is not being paid at thi	s time		
					Filing Fee Calculation	\$ <u>770.00</u>
7.	Sma	II Entity Statement				
			cation is being filed by			
		as defined in 37 (CFR 1.9 and 1.27 for pu	rposes of paying redu	ced fees.	
8. ,	Fee I	Payment Being Mad	le At This Time:	•		
	Encl	osed:				
· :				•	·	
	\boxtimes	basic filing fee				\$ <u>770.00</u>
	\boxtimes	assignment reco	ordal fee		•	\$ <u>40.00</u>
		for processing a	n application with a spe	cification in a non-Eng	glish language	\$
				Tota	il fees enclosed	\$ <u>810.00</u>
9.	Meth	od of Payment Fee	s:			
	\boxtimes	check in the amoun	t of \$810.00	enclo	sed.	
our Dep	⊠ oosit A	The Commissioner Account No. 20-0090.		charge any DEFICIE	NCY in the filing fees fo	r this application to
10.		uctions As to Overp	payment:		•	
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		OR AVENUE), OHIO 44114-1400	THOMA	S L. TAROLLI		
Tel. No	. (216) 621-2234		rint name of attorney		
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